

SAMHSA FY 2015 Discretionary Grant Forecast

Center	RFA Title	Purpose	# of Awards	Award Size	Anticipated RFA Posting Date	Eligibility
CMHS	Planning Grants for Certified Community Behavioral Health Clinics	Planning Grants for Certified Community Behavioral Health Clinics (CCBHCs) is the first of a two phase demonstration program. The purpose of the planning grant is to support states to plan for and develop necessary structures, systems, and processes to participate in a time limited demonstration program to create and implement Certified Community Behavioral Health Clinics (CCBHCs) in their states. SAMHSA is developing the criteria that will be used to certify CCBHCs and CMS is developing guidance for how states will implement a Prospective Payment System (PPS). Planning Grants for CCBHCs will support states to prepare an application to participate in the Demonstration program. From among the planning grantees, up to eight states to participate in a two year demonstration program. During the demonstration program, selected states will be eligible to receive an enhanced Federal Medical Assistance Percentage (FMAP) rate for behavioral health services provided by CCBHCs to individuals enrolled in their State Medicaid program.	Up to 16	\$1,562,500	5/1/15	50 States and the District of Columbia. The state behavioral health authority or the director of the State Medicaid agency are the eligible applicants.
CMHS	Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention	The purpose of this program is to support states and tribes (including Alaska Villages and urban Indian organizations) in developing and implementing statewide or tribal youth suicide prevention and early intervention strategies. The programs include collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations; these efforts should include both a strong community component and a strong health system component. The ultimate goal of this program is to reduce suicide deaths and non-fatal suicide attempts.	TBD	TBD	TBD	States, federally recognized tribes/tribal organizations and private/non-profit organizations designated by the state and/or tribe/tribal organization.

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CMHS	Cooperative Agreements for Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) State/Tribal Expansion	The purpose of this program is to expand the implementation of Project LAUNCH systems improvement and wellness promotion/prevention services into new communities within states and tribes that have completed a Project LAUNCH five year grant. The goals of this expansion grant are to improve early childhood systems, strengthen parenting competencies, and improve children's developmental and behavioral outcomes in more communities.	Up to 5	\$680,000	1/28/2015	Project LAUNCH Tribes and Title V Agencies who have completed OR will complete a Project LAUNCH grant by the end of FY 2015.
CMHS	Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children and their Families Program	The purpose of the System of Care (SOC) Expansion and Sustainability Cooperative Agreements is to improve mental health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the wide scale operation, expansion and integration of the system of care approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program. Specifically, this cooperative agreement will support the provision of mental health and related recovery support services to children and youth with serious emotional disturbances – and those with early signs and symptoms of serious mental illness, including first episode psychosis – and their families. Other activities supported will include the implementation of systemic changes in policy, financing, evidence based and evidence informed services and supports, training and workforce development, and cross system collaboration.	15-45	\$1 mil – \$3 mil	2/10/15	Eligibility for this program is statutorily limited to public entities.

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CMHS	National Consumer and Consumer Supporter Technical Assistance Centers	Consumers and consumer supporters help guide behavioral health initiatives to promote individual, program, and system-level approaches that foster health, wellness, resiliency and recovery for people with serious mental illness. This grant program, through an array of activities, helps to build an infrastructure for affecting system change or delivering and sustaining effective health services that promote recovery and person directed systems and supports.	Up to 8	\$336,800; an additional \$127,000 for Alternative Conference, if applicable	2/26/15	Domestic public and private entities that meet the criteria for consumer or consumer supporter organizations.
CMHS	Campus Suicide Prevention Grant	The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities build essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students and outreach to vulnerable students, including those experiencing substance abuse and mental health problems that are at greater risk for suicide and suicide attempts.	Up to 21	\$102,000	2/19/15	Eligibility for this program is statutorily limited to institutions of higher education. Applicants from both public and private institutions may apply, including state universities, private four-year colleges and universities (including those with religious affiliations), Minority Serving Institutions of higher learning (i.e. Tribal colleges and universities, Historically Black Colleges and Universities, Hispanic-serving institutions and Asian American Native American Pacific Islander Serving Institutions), and community colleges.

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CMHS	Project AWARE- Mental Health First Aid-Community	The purpose of Project AWARE-Mental Health First Aid-Community (MHFA-C) is to support the training of teachers and a broad array of actors at the community level, including parents, law enforcement, faith-based leaders and youth. The implementation of MHFA and Youth-MHFA in communities will increase mental health literacy among youth-serving adults, policy-makers, and administrators of programs-serving youth. This program is designed to increase collaboration among community partners who interact with youth to detect and respond to mental illness in children and youth, including how to encourage adolescents and their families experiencing these problems to seek treatment.	Up to 68	\$125,000	3/2/15	Political subdivisions of states, Indian tribes and tribal organizations, and other public or private nonprofit entities. For example, community behavioral health organizations, state and local governments, local law enforcement agencies, federally recognized American Indian/Alaska Native tribes and tribal organizations, institutions of higher education, and community- and faith-based organizations may apply.
CMHS	Primary and Behavioral Health Care Integration	The purpose of this program is to establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community-based behavioral health settings. The goal is to improve the physical health status of adults with serious mental illnesses (SMI) and those with co-occurring substance use disorders who have or are at risk for co-morbid primary care conditions and chronic diseases. The program's objective is to support the triple aim of improving the health of individuals with SMI; enhancing the consumer experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.	Up to 102	\$400,000	12/22/14	Eligibility for this program is statutorily limited to qualified community mental health programs, as defined under section 1913(b)(1) of the Public Health Service Act, as amended.

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CMHS	Statewide Consumer Network Program	The purpose of this program is to improve mental health service delivery to people with serious mental illnesses. In so doing, it seeks to enhance statewide mental health consumer-run and -controlled organizations to promote service system capacity and infrastructure development that is consumer-driven, recovery-focused and resiliency-oriented. The program goals are (1) to increase consumer participation, voice, and empowerment statewide; (2) emphasize and build consumer leadership within organizations and in the community; and (3) promote activities related to: partnership development, peer support, service needs related to gender, training and skills development, trauma-informed peer support, integrated care and wellness, and/or health reform as part of the recovery process for consumers.	Up to 7	\$95,000	12/2/14	Mental health consumer-controlled organizations only that are domestic public and private nonprofit entities, tribal and urban indian organizations, and/or community- and faith-based organizations.
CMHS	Statewide Family Network Program	The purpose of this program is to enhance state capacity and infrastructure to better respond to the needs of children and adolescents with serious emotional disturbances and their families by providing information, referrals, and support to families who have a child with a mental health challenge, and to create a mechanism for families to participate in state and local mental health services planning and policy development.	Up to 5	\$95,000	12/2/14	Eligible applicants are family-controlled domestic public and private nonprofit organizations in states, territories, and tribes.

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Center	RFA Title	Purpose	# of Awards	Award Size	Anticipated RFA Posting Date	Eligibility
CMHS	Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines and Disaster Distress Helpline	The purpose of this program is twofold. First, to manage, enhance, and strengthen the National Suicide Prevention Lifeline (referred to as the Lifeline), SAMHSA's system of toll-free telephone numbers, primarily 1-800-273-TALK (8255) that routes calls from anywhere in the United States to a network of certified local crisis centers that can intervene with, support, and link callers to local emergency, mental health, and social service resources. The technology permits calls to be directed immediately to a suicide prevention worker who is geographically closest to the caller. Second, this cooperative agreement supports the National Disaster Distress Helpline, through the number 1-800-985-5990 and text number TalkWithUs to 66746 to increase state and local capacity to connect affected residents with needed behavioral health services such as crisis counseling and referral services after a disaster and/or traumatic event.	1	\$6,211,000	1/16/15	Domestic public and private nonprofit entities.
CMHS	Suicide Prevention Resource Center (SPRC)	The purpose of this program is to build national capacity for preventing suicide by providing technical assistance, training, and resources to assist states, tribes, organizations, SAMHSA Garrett Lee Smith and other SAMHSA grantees, and individuals to develop suicide prevention strategies (including programs, interventions, and policies) that advance the National Strategy for Suicide Prevention (NSSP), with the overall goal of reducing suicides and suicidal behaviors in the nation. This work includes support of the National Action Alliance for Suicide Prevention (Action Alliance), and working to advance high-impact objectives of the NSSP.	1	\$5,634,000	12/31/14	Domestic public and private nonprofit entities.

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Center	RFA Title	Purpose	# of Awards	Award Size	Anticipated RFA Posting Date	Eligibility
CMHS	MH Promotion Youth Violence TA Center Supplement	The purpose of this supplement is to advance the LAUNCH strategy of infant and early childhood mental health consultation (IECMHC) through TA, training, and curriculum/product development.	TBD	TBD	3/16/15	TBD
CMHS-CSAT	Statewide Peer Networks for Recovery and Resiliency	The purpose of this program is to provide a one-year planning and infrastructure development period to enhance capacity for currently SAMHSA-funded Recovery Community Services Program- Statewide Networks (RCSP-SN) and Statewide Family Networks (SFN), and currently and formerly SAMHSA-funded Statewide Consumer Networks (SCN) to promote cross-service system collaboration, peer workforce expansion, and infrastructure development that is recovery-focused and resiliency-oriented.	Up to 8	\$100,000	5/1/15	Currently funded SAMHSA Network grantees in the ten states where there is a RCSP-SN award.
CMHS-CSAT	Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States)	The purpose of this jointly funded program is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other critical services.	6-8	\$1.8 mil to \$3 mil	2/9/15	State Mental Health Authorities (SMHAs) or Single State Agencies (SSAs) for Substance Abuse, in partnership.
CMHS-CSAT	Cooperative Agreements to Benefit Homeless Individuals for States-Enhancement (CABHI-States Enhancement)	The purpose of this jointly funded program is for states that received CABHI-States grants in FY 2013 and FY 2014 to further develop, enhance and/or expand the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent supportive housing; peer supports; and other critical services.	Up to 18	\$600,000 - \$1,800,000	2/9/15	Eligible applicants are either State Mental Health Authorities (SMHAs) or the Single State Agencies (SSAs) for Substance Abuse in eligible states. However, SAMHSA's expectation is that both the SMHA and SSA will work in partnership to fulfill the requirements of the grant.

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CSAP	Strategic Prevention Framework Partnerships for Success (SPF-PFS) State and Tribal Initiative	The program is designed to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25. The SPF-PFS program is also intended to bring SAMHSA's Strategic Prevention Framework (SPF) to a national scale. Equally important, the SPF-PFS program promotes the alignment and leveraging of prevention resources and priorities at the federal, state, and community levels.	Up to 38	\$318,543 to \$2,472,608	12/17/14	States (including two U.S. territories and one Pacific jurisdiction) and tribal entities that have completed a SPF SIG grant and are not currently receiving funds through SAMHSA's Partnerships for Success (PFS) grant.
CSAP	Capacity Building Initiative (CBI) for Substance Abuse (SA) and HIV Prevention Services for At-Risk Racial/Ethnic Minority Youth and Young Adults (HIV CBI)	The purpose of the HIV-CBI program is to support an array of activities to assist grantees in building a solid foundation for delivering and sustaining quality and accessible state of the science substance abuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes and tribal organizations to prevent and reduce the onset of SA and transmission of HIV/AIDS among at-risk racial/ethnic minority youth and young adults, ages 13-24, including minority college students. SAMHSA is particularly interested in eliciting the interest of college and university clinics/wellness centers and community-based providers who can provide comprehensive substance abuse and HIV prevention strategies. These strategies must combine education and awareness programs, social marketing campaigns, and HIV testing services in non-traditional settings with substance abuse and HIV prevention programming for at-risk racial/ethnic minority young adults, ages 13-24.	Up to 48	\$300,000	2/11/15	Community-level domestic public and private nonprofit entities, federally recognized American Indian/Alaska Native Tribes (AI/AN) and tribal organizations, and urban Indian organizations.



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CSAP	Minority Serving Institutions (MSIs) Partnerships with Community-Based Organizations (CBOs)	The purpose of this prevention education and testing program is to equip and empower Minority Serving Institutions (MSIs) located in communities at the highest risk of substance abuse and HIV infections with evidence-based methodologies to increase access to comprehensive, integrated substance abuse (SA) and HIV prevention services on their campuses/institutions and surrounding community. The aim is to achieve normative and environmental changes to reduce the rate of new substance abuse and HIV infections on college/university MSI campuses and the surrounding community.	Up to 35	\$300,000	3/16/15	Community-level domestic public and private nonprofit entities.
CSAP	Drug-Free Communities Support Program	The purpose of the DFC Support Program is to establish and strengthen collaboration to support the efforts of community coalitions working to prevent youth substance use.	Up to 170	\$125,000	1/16/15	Community-based coalitions addressing youth substance use that have never received a DFC grant; or have previously received a DFC grant, but experienced a lapse in funding; or have concluded the first five-year funding cycle and are applying for a second five-year funding cycle.
CSAP	Drug-Free Communities Mentoring Program	The purpose of this program is to provide grant funds to existing DFC grantees so they may serve as mentors to newly-formed and/or developing coalitions that have never received a DFC grant.	Up to 10	\$75,000	2/9/15	Currently funded DFC grantees with a coalition that has been in existence for at least five years (not to be interpreted as having been a DFC grantee for five years); has an active DFC grant at the time of application; and, is in good standing (not on high risk).

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CSAT	Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination – Implementation (SYT- I)	The purpose of this program is to provide funding to states/territories/tribes (hereafter known as states) to improve treatment for adolescents and/or transitional aged youth with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (hereafter known as “the population of focus”) by assuring youth state-wide access to evidence-based assessments, treatment models, and recovery services supported by the strengthening of the existing infrastructure system. Based on need, applicants may choose to provide services to adolescents (ages 12-18) and their families/primary care givers, transitional aged youth (ages 16-25) and their families/primary caregivers, or both these populations and their families/primary caregivers. Applicants that select transitional aged youth may chose a subset of this population of focus (e.g., ages 16-18, ages 18-21, ages 21-25).	Up to 12	\$800,000	2/3/15	The entity within the state/territory/federally recognized American Indian/Alaska Native tribe or tribal organization responsible for leading treatment and recovery support services for adolescents and/or transitional aged youth with substance use disorder or co-occurring substance use and mental disorders.
CSAT	Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning (SYT-P)	The purpose of SYT-P is to provide funding to states/territories/tribes (hereafter known as “states”) to develop a comprehensive strategic plan in order to improve treatment for adolescents (ages 12-18) and/or transitional aged youth (ages 16-25) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (hereafter known as “the population of focus”). The plan will help to assure that youth have access to evidence-based assessments and treatment models and recovery services by strengthening the existing infrastructure system.	Up to 12	\$250,000	2/4/15	The entity within the state/territory/federally recognized American Indian/Alaska Native tribe or tribal organization responsible for leading treatment and recovery support services for adolescents and/or transitional aged youth with substance use disorder or co-occurring substance use and mental disorders.

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CSAT	Addiction Technology Transfer Center: Center of Excellence on Behavioral Health for Pregnant and Post Partum Women and their Families (ATTC-CoE for PPW)	The purpose of this Center of Excellence (CoE) is to develop and strengthen the behavioral healthcare workforce that provides addictions treatment and recovery support services to PPW women, their children, and their families. In partnership with Single State Authorities, treatment provider associations, addictions counselors, multidisciplinary behavioral health professionals, faith and recovery community leaders, family members of those in recovery, and other stakeholders, the ATTC will develop and conduct training and technology transfer activities to meet identified needs.	1	\$365,026 for year 1; \$634,409 for year 2	3/10/15	Current SAMHSA FY 2012 Addiction Technology Transfer Center (ATTC) grantees.
CSAT	Targeted Capacity Expansion: Medication Assisted Treatment- Prescription Drug and Opioid Addiction (MAT-PDOA)	The purpose of this program is to expand access to medication assisted treatment (MAT) services for persons with opioid use disorder. The program will target those states experiencing: <ul style="list-style-type: none"> <li>• The highest rates of primary treatment admissions for heroin and opioids per capita; and</li> <li>• A dramatic increase in admissions in recent years (2007 - 2012) for treatment of heroin and opioids.</li> </ul>	Up to 11	\$1 mil	2/23/15	States with the highest rates of primary treatment admissions for heroin and opiates per capita as identified by 2012 TEDS data. Priority will be given to those states that have demonstrated a dramatic increase in admissions from 2007 to 2012 for the treatment of opiates and heroin.

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CSAT	Offender Reentry Program (ORP)	The purpose of this program is to expand and/or enhance substance abuse treatment and related recovery and reentry services to sentenced adult offenders returning to the community from incarceration for criminal offenses. Applicants are expected to form stakeholder partnerships that will plan, develop, and provide a transition from incarceration to community-based substance abuse treatment and related reentry services. Although SAMHSA funds may not be used for substance abuse treatment services within correctional facilities SAMHSA recognizes that transition into the community must begin in the correctional facility. For this reason SAMHSA funds may be used for limited activities such as screening and assessment and transition planning as well as infrastructure activities identified in the RFA. SAMHSA's interest is to actively support and shape offender reentry treatment partnerships so that clinical needs are met and clients are treated using evidence-based practices, which are consistent with the disease model and the problem-solving model, rather than with the traditional criminal justice model. A long-term goal of this program is to build sustainable systems of care for adults needing substance abuse treatment and recovery support services as they return to the community from incarceration.	Up to 18	\$13.6 mil	4/1/15	Domestic public and private nonprofit entities.
CSAT	Technical Assistance Support for the Asia Regional HIV/AIDS Substance Abuse Treatment Expert (ASIA TA Support)	Under the direction of the regional Substance Abuse Treatment Expert, the purpose of this program is to build the capacity and increase the skills and abilities of the national HIV/AIDS programs of countries in South East Asia. Training and technical assistance in behavioral health service provision includes HIV/AIDS prevention, care and treatment, treatment of substance-related and addictive disorders, and recovery programs.	1	\$250,000	5/15/15	International Non-Governmental Organizations (NGOs) or Universities With international technical assistance capacity and workforce development capabilities.

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CSAT	Cooperative Agreement for the International HIV/AIDS Substance Abuse Treatment Expert Program for Eastern Europe and Africa (International Substance Abuse Treatment Expert)	The purpose of this program is to establish the regional substance abuse treatment special expert in-country and build the capacity and increase the skills and abilities of the national HIV/AIDS programs of countries in Eastern Europe and Africa. Training and development in behavioral health service provision includes HIV/AIDS prevention, care and treatment, treatment of substance-related and addictive disorders, and recovery programs.	Up to 2	\$500,000	5/15/15	International Non-Governmental Organizations (NGOs) and Universities with international technical assistance (TA) and workforce development capabilities.
CSAT	Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Drug Courts (SAMHSA Treatment Drug Courts)	The purpose of this program is to expand and/or enhance substance abuse treatment services in existing adult and family “problem solving” courts, which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination as well as family-focused services in the case of Family Treatment Drug Courts) to defendants/offenders.	Up to 35	\$325,000	1/26/15	Tribal, state and local governments with direct involvement with the drug court, such as the Tribal Court Administrator, the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, individual adult treatment drug courts, and family treatment drug courts.

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CSAT/ BJA	Joint BJA/SAMHSA Enhancing Adult Drug Court Services, Coordination, and Treatment (Joint Adult Drug Courts)	The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) and the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), offers a joint program for enhancing drug court services, coordination, and substance abuse treatment and recovery support services. This program furthers the missions of DOJ and HHS by providing resources to state, local, and tribal governments/courts to enhance drug court programs and systems for nonviolent substance-abusing offenders. The purpose of this joint initiative is to allow applicants to submit one application for criminal justice and substance abuse treatment funds. The grant builds and/or expands drug court capacity at state, local, and tribal levels to reduce crime and substance abuse among high-risk/high need offenders.	Up to 10	\$325,000	3/10/15	States or state courts applying on behalf of a single jurisdiction; local courts; counties; other units of local government; or federally recognized Indian tribal governments (as determined by the Secretary of the Interior). Indian tribal governments may apply directly or through other public or not-for-profit private entities.
CSAT	Screening, Brief Intervention, and Referral to Treatment (SBIRT) Health Professions Student Training Program (SBIRT- Student Training)	The purpose of this program is to develop and implement training programs to teach students in health professions (physician assistants, dentists, pharmacists, nurses, social workers, counselors, and medical students and residents) the skills necessary to provide evidence-based screening and brief intervention and refer patients who are at risk for a substance use disorder (SUD) to appropriate treatment. Additionally, the training will develop the leadership skills needed in order to champion the implementation of SBIRT throughout the United States healthcare system with the ultimate goal of helping clients avoid substance use disorders.	Up to 49	\$315,000	1/26/15	Public and private universities, colleges, and medical residency programs that have or are affiliated with programs for medical students, pharmacists, dentists, physician assistants, nursing, social work, and/or counseling.

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CSAT	Targeted Capacity Expansion - HIV: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (TCE HIV-High Risk Populations)	The purpose of this program is to expand substance use treatment, behavioral health and HIV services for the population of focus and their significant others, who have substance use or co-occurring substance use and mental disorders and are living with or at risk for HIV/AIDS in states with the highest HIV prevalence rates (at or above 270 per 100,000).	Up to 25	\$500,000	3/16/15	Domestic nonprofit, community-based organizations and federally recognized tribes and tribal organizations, in states and territories with HIV prevalence rates of 270/100,000 or higher.